

House File 619

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HOUSE FILE 619

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1 3 AN ACT
1 4 RELATING TO HEALTH CARE INCLUDING REIMBURSEMENT OF HEALTH CARE
1 5 FACILITIES BASED ON RESIDENT PROGRAM ELIGIBILITY AND
1 6 PROVIDING EFFECTIVE DATES AND A CONTINGENT EFFECTIVE DATE.
1 7

1 8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
1 9

1 10 Section 1. NEW SECTION. 135.131 INTERAGENCY
1 11 PHARMACEUTICALS BULK PURCHASING COUNCIL.

1 12 1. For the purposes of this section, "interagency
1 13 pharmaceuticals bulk purchasing council" or "council" means
1 14 the interagency pharmaceuticals bulk purchasing council
1 15 created in this section.

1 16 2. An interagency pharmaceuticals bulk purchasing council
1 17 is created within the Iowa department of public health. The
1 18 department shall provide staff support to the council and the
1 19 department of pharmaceutical care of the university of Iowa
1 20 hospitals and clinics shall act in an advisory capacity to the
1 21 council. The council shall be composed of all of the
1 22 following members:

1 23 a. The director of public health, or the director's
1 24 designee.

1 25 b. The director of human services, or the director's
1 26 designee.

1 27 c. The director of the department of personnel, or the
1 28 director's designee.

1 29 d. A representative of the state board of regents.

1 30 e. The director of the department of corrections, or the
1 31 director's designee.

1 32 f. The director, or the director's designee, of any other
1 33 agency that purchases pharmaceuticals designated to be
1 34 included as a member by the director of public health.

1 35 3. The council shall select a chairperson annually from
2 1 its membership. A majority of the members of the council
2 2 shall constitute a quorum.

2 3 4. The council shall do all of the following:

2 4 a. Develop procedures that member agencies must follow in
2 5 purchasing pharmaceuticals. However, a member agency may
2 6 elect not to follow the council's procedures if the agency is
2 7 able to purchase the pharmaceuticals for a lower price than
2 8 the price available through the council. An agency that does
2 9 not follow the council's procedures shall report all of the
2 10 following to the council:

2 11 (1) The purchase price for the pharmaceuticals.

2 12 (2) The name of the wholesaler, retailer, or manufacturer
2 13 selling the pharmaceuticals.

2 14 b. Designate a member agency as the central purchasing
2 15 agency for purchasing of pharmaceuticals.

2 16 c. Use existing distribution networks, including wholesale
2 17 and retail distributors, to distribute the pharmaceuticals.

2 18 d. Investigate options that maximize purchasing power,
2 19 including expanding purchasing under the medical assistance
2 20 program, qualifying for participation in purchasing programs
2 21 under 42 U.S.C. } 256b, as amended, and utilizing rebate
2 22 programs, hospital disproportionate share purchasing,
2 23 multistate purchasing alliances, and health department and
2 24 federally qualified health center purchasing.

2 25 e. In collaboration with the department of pharmaceutical
2 26 care of the university of Iowa hospitals and clinics, make
2 27 recommendations to member agencies regarding drug utilization
2 28 review, prior authorization, the use of restrictive
2 29 formularies, the use of mail order programs, and copayment
2 30 structures. This paragraph shall not apply to the medical
2 31 assistance program but only to the operations of the member
2 32 agencies.

2 33 5. The central purchasing agency may enter into agreements
2 34 with a local governmental entity to purchase pharmaceuticals
2 35 for the local governmental entity.

3 1 6. The council shall develop procedures under which the
3 2 council may disclose information relating to the prices
3 3 manufacturers or wholesalers charge for pharmaceuticals by
3 4 category of pharmaceutical. The procedure shall prohibit the
3 5 council from disclosing information that identifies a specific

3 6 manufacturer or wholesaler or the prices charged by a specific
3 7 manufacturer or wholesaler for a specific pharmaceutical.

3 8 Sec. 2. NEW SECTION. 135C.31A ASSESSMENT OF RESIDENTS ==
3 9 PROGRAM ELIGIBILITY.

3 10 Beginning July 1, 2003, a health care facility receiving
3 11 reimbursement through the medical assistance program under
3 12 chapter 249A shall assist the Iowa commission of veterans
3 13 affairs in determining, prior to the initial admission of a
3 14 resident, the prospective resident's eligibility for benefits
3 15 through the federal department of veterans affairs. The
3 16 health care facility shall also assist the Iowa commission of
3 17 veterans affairs in determining such eligibility for residents
3 18 residing in the facility on July 1, 2003. The department of
3 19 inspections and appeals, in cooperation with the department of
3 20 human services, shall adopt rules to administer this section,
3 21 including a provision that ensures that if a resident is
3 22 eligible for benefits through the federal department of
3 23 veterans affairs or other third-party payor, the payor of last
3 24 resort for reimbursement to the health care facility is the
3 25 medical assistance program. This section shall not apply to
3 26 the admission of an individual to a state mental health
3 27 institute for acute psychiatric care.

3 28 Sec. 3. NEW SECTION. 249A.20A PREFERRED DRUG LIST
3 29 PROGRAM.

3 30 1. The department shall establish and implement a
3 31 preferred drug list program under the medical assistance
3 32 program. The department shall submit a medical assistance
3 33 state plan amendment to the centers for Medicare and Medicaid
3 34 services of the United States department of health and human
3 35 services, no later than May 1, 2003, to implement the program.

4 1 2. a. A medical assistance pharmaceutical and
4 2 therapeutics committee shall be established within the
4 3 department by July 1, 2003, for the purpose of developing and
4 4 providing ongoing review of the preferred drug list.

4 5 b. (1) The members of the committee shall be appointed by
4 6 the governor and shall include health care professionals who
4 7 possess recognized knowledge and expertise in one or more of
4 8 the following:

4 9 (a) The clinically appropriate prescribing of covered
4 10 outpatient drugs.

4 11 (b) The clinically appropriate dispensing and monitoring
4 12 of covered outpatient drugs.

4 13 (c) Drug use review, evaluation, and intervention.

4 14 (d) Medical quality assurance.

4 15 (2) The membership of the committee shall be comprised of
4 16 at least one third but not more than fifty-one percent
4 17 licensed and actively practicing physicians and at least one
4 18 third licensed and actively practicing pharmacists.

4 19 c. The members shall be appointed to terms of two years.

4 20 Members may be appointed to more than one term. The
4 21 department shall provide staff support to the committee.

4 22 Committee members shall select a chairperson and vice
4 23 chairperson annually from the committee membership.

4 24 3. The pharmaceutical and therapeutics committee shall
4 25 recommend a preferred drug list to the department. The
4 26 committee shall develop the preferred drug list by considering
4 27 each drug's clinically meaningful therapeutic advantages in
4 28 terms of safety, effectiveness, and clinical outcome. The
4 29 committee shall use evidence-based research methods in
4 30 selecting the drugs to be included on the preferred drug list.

4 31 The committee shall periodically review all drug classes
4 32 included on the preferred drug list and may amend the list to
4 33 ensure that the list provides for medically appropriate drug
4 34 therapies for medical assistance recipients and achieves cost
4 35 savings to the medical assistance program. The department may
5 1 procure a sole source contract with an outside entity or
5 2 contractor to provide professional administrative support to
5 3 the pharmaceutical and therapeutics committee in researching
5 4 and recommending drugs to be placed on the preferred drug
5 5 list.

5 6 4. With the exception of drugs prescribed for the
5 7 treatment of human immunodeficiency virus or acquired immune
5 8 deficiency syndrome, transplantation, or cancer and drugs
5 9 prescribed for mental illness with the exception of drugs and
5 10 drug compounds that do not have a significant variation in a
5 11 therapeutic profile or side effect profile within a
5 12 therapeutic class, prescribing and dispensing of prescription
5 13 drugs not included on the preferred drug list shall be subject
5 14 to prior authorization.

5 15 5. The department may negotiate supplemental rebates from
5 16 manufacturers that are in addition to those required by Title

5 17 XIX of the federal Social Security Act. The committee shall
5 18 consider a product for inclusion on the preferred drug list if
5 19 the manufacturer provides a supplemental rebate. The
5 20 department may procure a sole source contract with an outside
5 21 entity or contractor to conduct negotiations for supplemental
5 22 rebates.

5 23 6. The department shall publish and disseminate the
5 24 preferred drug list to all medical assistance providers in
5 25 this state.

5 26 7. Until such time as the pharmaceutical and therapeutics
5 27 committee is operational, the department shall adopt and
5 28 utilize a preferred drug list developed by a midwestern state
5 29 that has received approval for its medical assistance state
5 30 plan amendment from the centers for Medicare and Medicaid
5 31 services of the United States department of health and human
5 32 services.

5 33 8. The department may procure a sole source contract with
5 34 an outside entity or contractor to participate in a
5 35 pharmaceutical pooling program with midwestern or other states
6 1 to provide for an enlarged pool of individuals for the
6 2 purchase of pharmaceutical products and services for medical
6 3 assistance recipients.

6 4 9. The department may adopt administrative rules under
6 5 section 17A.4, subsection 2, and section 17A.5, subsection 2,
6 6 paragraph "b", to implement this section.

6 7 10. Any savings realized under this section may be used to
6 8 the extent necessary to pay the costs associated with
6 9 implementation of this section prior to reversion to the
6 10 medical assistance program. The department shall report the
6 11 amount of any savings realized and the amount of any costs
6 12 paid to the legislative fiscal committee on a quarterly basis.

6 13 Sec. 4. NEW SECTION. 249A.20B NURSING FACILITY QUALITY
6 14 ASSURANCE ASSESSMENT.

6 15 1. The department may assess nursing facilities a quality
6 16 assurance assessment not to exceed six percent of the total
6 17 annual revenue of the facility.

6 18 2. The department of human services shall submit a medical
6 19 assistance state plan amendment to the centers for Medicare
6 20 and Medicaid services of the United States department of
6 21 health and human services to effectuate the nursing facility
6 22 quality assurance assessment.

6 23 3. The department of human services shall submit an
6 24 application to the secretary of the United States department
6 25 of health and human services to request a waiver of the
6 26 uniform tax requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E)
6 27 and 42 C.F.R. } 433.68(e)(2).

6 28 4. The quality assurance assessment shall be paid to the
6 29 department in equal monthly amounts on or before the fifteenth
6 30 day of each month. The department may deduct the monthly
6 31 assessment amount from medical assistance payments to a
6 32 nursing facility. The amount deducted from payments shall not
6 33 exceed the total amount of the fee due.

6 34 5. Revenue generated from the quality assurance assessment
6 35 shall be deposited in the senior living trust fund created in
7 1 section 249H.4. The revenues shall only be used for services
7 2 for which federal financial participation under the medical
7 3 assistance program is available to match state funds.

7 4 6. If federal financial participation to match the
7 5 assessments made under subsection 1 becomes unavailable under
7 6 federal law, the department shall terminate the imposition of
7 7 the assessment beginning on the date that the federal
7 8 statutory, regulatory, or interpretive change takes effect.

7 9 7. The department may procure a sole source contract to
7 10 implement the provisions of this section.

7 11 8. For the purposes of this section, "nursing facility"
7 12 means nursing facility as defined in section 135C.1, excluding
7 13 residential care facilities and nursing facilities that are
7 14 operated by the state.

7 15 9. The department may adopt administrative rules under
7 16 section 17A.4, subsection 2, and section 17A.5, subsection 2,
7 17 paragraph "b", to implement this section.

7 18 Sec. 5. NEW SECTION. 249A.29A HOME AND COMMUNITY-BASED
7 19 SERVICES WAIVER == ELIGIBILITY DETERMINATIONS.

7 20 1. A level of care eligibility determination of an
7 21 individual seeking approval by the department to receive
7 22 services under a waiver shall be completed only by a person
7 23 not participating as a provider of services under a waiver.
7 24 For the purposes of this section, "provider" and "waiver" mean
7 25 provider and waiver as defined in section 249A.29.

7 26 2. Funds appropriated to the department of elder affairs
7 27 for the purpose of conducting level of care eligibility

7 28 determinations shall be transferred and made available to the
7 29 department of human services.

7 30 3. The department of human services may procure a sole
7 31 source contract with an outside entity or contractor to
7 32 conduct level-of-care eligibility determinations.

7 33 4. The department may adopt administrative rules under
7 34 section 17A.4, subsection 2, and section 17A.5, subsection 2,
7 35 paragraph "b", to implement this section.

8 1 Sec. 6. Section 249B.3, subsection 1, unnumbered paragraph
8 2 1, Code 2003, is amended to read as follows:

8 3 The department ~~may~~ shall issue a notice establishing and
8 4 demanding payment of an accrued or accruing spousal support
8 5 debt due and owing to the department. The notice shall be
8 6 served upon the community spouse in accordance with the rules
8 7 of civil procedure. The notice shall include all of the
8 8 following:

8 9 Sec. 7. MEDICAL ASSISTANCE PROGRAM == PHARMACEUTICALS ==
8 10 RECIPIENT REQUIREMENTS.

8 11 1. The department of human services shall reimburse
8 12 pharmacy dispensing fees using a single rate of \$4.26 per
8 13 prescription or the pharmacy's usual and customary fee,
8 14 whichever is lower.

8 15 2. The department of human services shall require
8 16 recipients of medical assistance to pay the following
8 17 copayment on each prescription filled for a covered
8 18 prescription drug, including on each refill of such
8 19 prescription, as follows:

8 20 a. A copayment of \$1 for each covered generic prescription
8 21 drug.

8 22 b. A copayment of 50 cents for each covered brand-name
8 23 prescription drug for which the cost to the state is \$10 or
8 24 less.

8 25 c. A copayment of \$1 for each covered brand-name
8 26 prescription drug for which the cost to the state is more than
8 27 \$10 and up to and including \$25.

8 28 d. A copayment of \$2 for each covered brand-name
8 29 prescription drug for which the cost to the state is more than
8 30 \$25 and up to and including \$50.

8 31 e. A copayment of \$3 for each covered brand-name
8 32 prescription drug for which the cost to the state is over \$50.

8 33 3. The department of human services shall establish an
8 34 ingredient reimbursement basis equal to the average wholesale
8 35 price minus 12 percent for pharmacy reimbursement for
9 1 prescription drugs under the medical assistance program.

9 2 4. a. The department of human services shall continue the
9 3 sole source contract relative to the state maximum allowable
9 4 cost (SMAC) program as authorized in 2001 Iowa Acts, chapter
9 5 191, section 31, subsection 1, paragraph "b", subparagraph
9 6 (5). The department shall expand the state maximum allowable
9 7 cost program for prescription drugs to the greatest extent
9 8 possible as determined under the contract.

9 9 b. Pharmacies and providers that are enrolled in the
9 10 medical assistance program shall make available drug
9 11 acquisition cost information, product availability
9 12 information, and other information deemed necessary by the
9 13 department for the determination of reimbursement rates and
9 14 the efficient operation of the pharmacy benefit. Pharmacies
9 15 and providers shall produce and submit the requested
9 16 information in the manner and format requested by the
9 17 department or its designee at no cost to the department or
9 18 designee. Pharmacies and providers shall submit information
9 19 to the department or its designee within thirty days following
9 20 receipt of a request for information unless the department or
9 21 its designee grants an extension upon written request of the
9 22 pharmacy or provider.

9 23 c. The state maximum allowable cost shall be established
9 24 at the average wholesale acquisition cost for a prescription
9 25 drug and all equivalent products, adjusted by a multiplier of
9 26 1.4. The department shall update the state maximum allowable
9 27 cost every two months, or more often if necessary, to ensure
9 28 adequate product availability.

9 29 d. The department shall review its current method for
9 30 determining which prescription drugs are to be included in the
9 31 SMAC program and shall adjust the method to maximize the cost
9 32 savings realized through the SMAC program.

9 33 e. The department shall report any savings realized
9 34 through the SMAC program to the legislative fiscal committee
9 35 on a monthly basis.

10 1 5. The department of human services shall require
10 2 recipients of medical assistance to pay a copayment of \$3 for
10 3 each physician office visit.

10 4 6. The department of human services shall maximize
10 5 expansion of prior authorization of prescription drugs under
10 6 the medical assistance program beyond the 25 current
10 7 categories of medications.

10 8 7. The department of human services shall establish a
10 9 fixed-fee reimbursement schedule for home health agencies
10 10 under the medical assistance program.

10 11 8. The department may adopt emergency rules to implement
10 12 this section.

10 13 Sec. 8. HOME AND COMMUNITY-BASED SERVICES WAIVERS
10 14 CONSOLIDATION == BUDGET NEUTRALITY. It is the intent of the
10 15 general assembly that the consolidation of home and community=
10 16 based services waivers by the department of human services be
10 17 designed in a manner that does not result in additional cost,
10 18 with the exception of any services added to the waivers
10 19 through legislative enactment. The department of human
10 20 services shall submit an initial report regarding the cost
10 21 neutrality and status of the waiver consolidation to the
10 22 legislative fiscal committee no later than January 31, 2004,
10 23 and a subsequent report no later than July 31, 2004.

10 24 Sec. 9. NURSING FACILITY REIMBURSEMENT. Notwithstanding
10 25 2001 Iowa Acts, chapter 192, section 4, subsection 2,
10 26 paragraph "c", and subsection 3, paragraph "a", subparagraph
10 27 (2), if projected state fund expenditures for reimbursement of
10 28 nursing facilities for the fiscal year beginning July 1, 2003,
10 29 in accordance with the reimbursement rate specified in 2001
10 30 Iowa Acts, chapter 192, section 4, subsection 2, paragraph
10 31 "c", exceeds \$147,252,856, the department shall adjust the
10 32 inflation factor of the reimbursement rate calculation to
10 33 provide reimbursement within the amount projected.

10 34 Sec. 10. UTILIZATION MANAGEMENT AND TARGETED AUDITS.

10 35 1. The department of human services shall conduct ongoing
11 1 review of recipients and providers of medical assistance
11 2 services to determine the appropriateness of the scope,
11 3 duration, and utilization of services. If inappropriate usage
11 4 is identified, the department shall implement procedures
11 5 necessary to restrict utilization.

11 6 2. The department of human services shall conduct a review
11 7 of selected medical assistance services categories and
11 8 providers for state fiscal years beginning July 1, 2001, July
11 9 1, 2002, and July 1, 2003. The review shall include intense
11 10 data analysis to test compliance with rules, regulations, and
11 11 policies and selected on-site audits.

11 12 3. The review required under subsection 2 shall attempt to
11 13 identify any incorrectly paid billings or claims for the state
11 14 medical assistance program. If inappropriate payments are
11 15 identified, provider billings shall be adjusted accordingly.
11 16 If there is substantiated evidence to suggest fraudulent
11 17 activity, the department shall submit the audit data regarding
11 18 the medical assistance provider or recipient to the department
11 19 of inspections and appeals for further action.

11 20 4. The department of human services may procure a sole
11 21 source contract to implement the provisions of this section.

11 22 5. Any savings realized under this section may be used to
11 23 the extent necessary to pay the costs associated with
11 24 implementation of this section prior to reversion to the
11 25 medical assistance program. The department shall report the
11 26 amount of any savings realized and the amount of any costs
11 27 paid to the chairpersons of the joint appropriations
11 28 subcommittee on health and human services.

11 29 Sec. 11. MEDICAL ASSISTANCE == CERTAIN PUBLICLY OWNED
11 30 HOSPITALS == PHYSICIAN SUPPLEMENTAL PAYMENTS.

11 31 1. For the fiscal year beginning July 1, 2003, and for
11 32 each fiscal year thereafter, the department of human services
11 33 shall institute a supplemental payment adjustment applicable
11 34 to physician services provided to medical assistance
11 35 recipients at publicly owned acute care teaching hospitals.
12 1 The adjustment shall generate supplemental payments to
12 2 physicians which are equal to the difference between the
12 3 physician's charge and the physician's fee schedule under the
12 4 medical assistance program. To the extent of the supplemental
12 5 payments, a qualifying hospital shall, after receipt of the
12 6 payments, transfer to the department of human services an
12 7 amount equal to the actual supplemental payments that were
12 8 made in that month. The department of human services shall
12 9 deposit these payments in the department's medical assistance
12 10 account. The department of human services shall amend the
12 11 medical assistance state plan as necessary to implement this
12 12 section. The department may adopt emergency rules to
12 13 implement this section.

12 14 2. The department may use any savings realized under this

12 15 section to the extent necessary to pay the costs associated
12 16 with implementation of this section prior to reversion to the
12 17 medical assistance program. The department shall report the
12 18 amount of any savings realized and the amount of any costs
12 19 paid to the chairpersons of the joint appropriations
12 20 subcommittee on health and human services.

12 21 3. The department of human services shall, in any
12 22 compilation of data or other report distributed to the public
12 23 concerning payments to providers under the medical assistance
12 24 program, set forth reimbursements to physicians of the
12 25 university of Iowa college of medicine through supplemental
12 26 adjustments as a separate item and shall not include such
12 27 payments in the amounts otherwise reported as the
12 28 reimbursement to a physician for services to medical
12 29 assistance recipients.

12 30 Sec. 12. CHRONIC CARE MANAGEMENT.

12 31 1. The department of human services shall aggressively
12 32 pursue chronic disease management in order to improve care and
12 33 reduce costs under the medical assistance program.

12 34 2. The department of human services, in cooperation with
12 35 the department's fiscal agent and in consultation with a
13 1 chronic care management resource group, shall profile medical
13 2 assistance recipients within a select number of disease
13 3 diagnosis categories. The assessment shall focus on those
13 4 diagnosis areas that present the greatest opportunity for
13 5 impact to improved care and cost reduction.

13 6 3. The department of human services, in consultation with
13 7 a chronic care management resource group, shall conduct a
13 8 chronic disease management pilot project for a select number
13 9 of individuals who are participants in the medical assistance
13 10 program. The project shall focus on a select number of
13 11 chronic diseases which may include congestive heart failure,
13 12 diabetes, and asthma. The initial pilot project shall be
13 13 implemented by October 1, 2003.

13 14 4. The department of human services shall issue a request
13 15 for proposals or otherwise solicit bids from potential vendors
13 16 to manage individuals with select chronic diseases following
13 17 the conclusion of the profiling of medical assistance
13 18 recipients. The management of chronic diseases for
13 19 individuals under this subsection may be coordinated with the
13 20 pilot project established in subsection 3.

13 21 5. The department of human services shall amend the
13 22 medical assistance state plan and seek any waivers necessary
13 23 from the centers for Medicare and Medicaid services of the
13 24 United States department of health and human services to
13 25 implement this section.

13 26 6. The department of human services shall submit a
13 27 progress report regarding chronic disease management measures
13 28 undertaken pursuant to this section to the governor and the
13 29 general assembly by November 1, 2003. The report shall
13 30 include recommendations regarding incorporating chronic
13 31 disease management programming into the medical assistance
13 32 system and the potential improvements in care and reductions
13 33 in costs that may be obtained through chronic disease
13 34 management.

13 35 7. The department of human services may adopt emergency
14 1 rules to implement this section.

14 2 8. Any savings realized under this section may be used as
14 3 necessary to pay the costs associated with implementation of
14 4 this section prior to reversion to the medical assistance
14 5 program. The department shall report the amount of any
14 6 savings realized and the amount of any costs paid to the
14 7 chairpersons of the joint appropriations subcommittee on
14 8 health and human services.

14 9 Sec. 13. CONTINGENT EFFECTIVE DATE.

14 10 1. Section 249A.20B, as enacted in this Act, shall not
14 11 take effect unless the department of human services receives
14 12 approval of both the medical assistance state plan amendment
14 13 from the centers for Medicare and Medicaid services of the
14 14 United States department of health and human services to
14 15 effectuate the nursing facility quality assurance assessment
14 16 and of the application to the secretary of the United States
14 17 department of health and human services for a waiver of the
14 18 uniform tax requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E)
14 19 and 42 C.F.R. } 433.68(e)(2). If both approvals are received,
14 20 section 249A.20B shall take effect upon the date that both
14 21 approvals have been received by the department and the
14 22 department shall notify the Code editor of the date of receipt
14 23 of the approvals.

14 24 2. If both approvals described in subsection 1 are not
14 25 received by June 30, 2004, the section of this Act enacting

14 26 section 249A.20B shall not take effect.

14 27 Sec. 14. EFFECTIVE DATES.

14 28 1. The section of this Act enacting section 249A.20A takes
14 29 effect upon enactment.

14 30 2. The portion of the section of this Act relating to the
14 31 state maximum allowable cost (SMAC) program, being deemed of
14 32 immediate importance, takes effect upon enactment.

14 33 3. The section of this Act relating to physician
14 34 supplemental payments at certain publicly owned hospitals,
14 35 being deemed of immediate importance, takes effect upon
15 1 enactment.

15 2 4. The section of this Act relating to chronic disease
15 3 management, being deemed of immediate importance, takes effect
15 4 upon enactment.

15 5 5. The portions of the section of this Act enacting
15 6 section 249A.20B relating to directing the department of human
15 7 services to submit a medical assistance state plan amendment
15 8 to the centers for Medicare and Medicaid services of the
15 9 United States department of health and human services to
15 10 effectuate the nursing facility quality assurance assessment
15 11 and directing the department of human services to submit an
15 12 application to the secretary of the United States department
15 13 of health and human services for a waiver of the uniform tax
15 14 requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E) and 42
15 15 C.F.R. } 433.68(e)(2), being deemed of immediate importance,
15 16 take effect upon enactment.

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CHRISTOPHER C. RANTS
Speaker of the House

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MARY E. KRAMER
President of the Senate

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15 28 I hereby certify that this bill originated in the House and

15 29 is known as House File 619, Eightieth General Assembly.

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MARGARET THOMSON
Chief Clerk of the House

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Approved _____, 2003

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THOMAS J. VILSACK

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Governor